



Local Employer Training Needs Survey

May 2005

The Department of Employee Trust Funds (ETF) administers several benefit programs, including the Wisconsin Retirement System (WRS) and multiple insurance programs. This survey has been initiated to allow ETF to enhance existing WRS training programs and, based on your needs, expand the training to include insurance programs.

Please complete and return this survey to ETF by June 15, 2005.

Name of Employer: _____ EIN: **69-036-** **-000**

SECTION ONE: Respondent Information and Program Participation.

- (1) In addition to the WRS, please identify the programs administered by ETF that your employer currently participates in (check all that apply):
- ☐ Life Insurance ☐ Health Insurance ☐ Income Continuation Insurance (ICI)
- (2) To help us better understand your experience in working with the various ETF programs, please tell us approximately how long you have been designated as the agent?
- ☐ Less than 2 years ☐ More than 2 but less than 5 years ☐ More than 5 years
- (3) Please check the resources you regularly use to address questions you may have about the program(s) you currently participate in (check all that apply):
- ☐ Employer Administration Manual(s) ☐ ETF's Employer Communication Center
- ☐ ETF's Web Site ☐ Other (please specify) _____

SECTION TWO: WRS Training Needs.

Please read the following statements and check the category that best reflects your level of agreement or disagreement.	Strongly Agree	Somewhat Agree	No Opinion	Somewhat Disagree	Strongly Disagree
(4) I fully understand the eligibility participation requirements and the importance of checking for previous WRS service.					
(5) I understand the importance of directing terminating employees to ETF for information on WRS retirement, separation, disability, and death benefits.					
(6) I fully understand WRS reportable earnings, the hours of service associated with WRS earnings and earnings not reportable for WRS.					
(7) I fully understand the various WRS reporting requirements and deadlines, including the annual reconciliation process.					
(8) I am interested in additional training on the WRS and my responsibilities as agent.					

- (9) If you checked "Strongly Agree" or "Somewhat Agree" on Question #8, please describe the WRS-related training topic(s) that you would be most interested in: _____

SECTION THREE: Life Insurance Training Needs. If you indicated in Question #1 above that you participate in the life insurance program, please complete this section. If you do not participate, proceed to Section Four.

Please read the following statements and check the category that best reflects your level of agreement or disagreement.	Strongly Agree	Somewhat Agree	No Opinion	Somewhat Disagree	Strongly Disagree
(10) I understand my responsibilities as agent for the life insurance program, such as advising employees based on the stage of their employment career (e.g., enrollment, premium rate change due to age, disability, etc.).					
(11) I fully understand the eligibility and enrollment requirements for life insurance and the importance of checking previous WRS service.					
(12) I understand the difference in the levels of coverage that my employer has elected to offer (e.g., supplemental, spouse and dependent, etc.).					
(13) I understand the monthly billing requirements and annual renewal census, as administered by Minnesota Life Insurance Co., for the life insurance program.					
(14) I am interested in additional training on the life insurance program and agent responsibilities.					

(15) If you checked "Strongly Agree" or "Somewhat Agree" on Question #14, please describe the training regarding the life insurance program that you would be most interested in: _____

SECTION FOUR: Health Insurance Training Needs. If you indicated in Question #1 above that you participate in the health insurance program, please complete this section. If you do not participate, proceed to Section Five.

Please read the following statements and check the category that best reflects your level of agreement or disagreement.	Strongly Agree	Somewhat Agree	No Opinion	Somewhat Disagree	Strongly Disagree
(16) I understand my responsibilities as agent for the health insurance program.					
(17) I fully understand the eligibility and enrollment requirements for the health insurance program and the importance of checking previous WRS service.					
(18) I understand the limitations on the amount the employer can contribute towards the health insurance premium for employees.					
(19) I fully understand the reporting requirements and deadlines for the health insurance program					
(20) I am interested in additional training on the health insurance program and my responsibilities as agent.					

(21) If you checked "Strongly Agree" or "Somewhat Agree" on Question #20, please describe the training regarding the health insurance program that you would be most interested in: _____

SECTION FIVE: ICI Training Needs. If you indicated in Question #1 above that you participate in the ICI program, please complete this section. If you do not participate, proceed to Section Six.

Please read the following statements and check the category that best reflects your level of agreement or disagreement.	Strongly Agree	Somewhat Agree	No Opinion	Somewhat Disagree	Strongly Disagree
(22) I understand my responsibilities as agent for the ICI program, such as making employees aware of disability benefits available through the WRS.					
(23) I fully understand the eligibility and enrollment requirements for the ICI program and the importance of checking previous WRS service.					
(24) I fully understand the monthly reporting and annual premium update requirements for the ICI program.					
(25) I understand the eligibility and enrollment requirements for the new supplemental ICI coverage.					
(26) I am interested in additional training on the ICI program and my responsibilities as agent.					

(27) If you checked "Strongly Agree" or "Somewhat Agree" on Question #26, please describe the training regarding the ICI program that you would be most interested in: _____

SECTION SIX: Internet Access and Use of the ETF Employer Extranet Site.

(28) Do you have access to the Internet at your work place? ☐ Yes ☐ No (go to Section Seven)

(29) Have you tried to access information on ETF's Web site? ☐ Yes ☐ No (go to Question #31)

(30) Do you find ETF's Web site easy to use and helpful? ☐ Yes ☐ No (please explain:) _____

(31) Are you aware of the ETF Employer Extranet Site? ☐ Yes ☐ No (go to Question #35)

(32) Please check the on-line applications available on the ETF Employer Extranet Site that you have used (check all that apply):

- ☐ WRS Contribution Remittance Application ☐ WRS Acct Update Application
- ☐ WRS Previous Service & Benefit Inquiry Application ☐ None (go to Question #35)

Please read the following statements and check the category that best reflects your level of agreement or disagreement.	Strongly Agree	Somewhat Agree	No Opinion	Somewhat Disagree	Strongly Disagree
(33) The on-line applications I have used are easy to use.					
(34) The on-line applications I have used save me time.					
(35) I am interested in training on use of the ETF Extranet Site on-line applications.					

(36) If you checked "Strongly Agree" or "Somewhat Agree" on Question #35, please describe the training regarding the on-line applications that you would be most interested in: _____

SECTION SEVEN: Interest in Additional Training.

(37) If ETF conducted regional training sessions for employers, how interested would you be in attending?
☐ Very Interested ☐ Somewhat Interested ☐ Not Interested ☐ Not Sure

(38) Please check the factors listed below that would influence your decision on whether or not you would attend a regional training session conducted by ETF (check all that apply):

- ☐ Program(s) Covered (i.e., WRS, Life, Health, and ICI)
If selected, please specify the program(s) you are most interested in: _____
- ☐ Topics Covered
If selected, please specify the topic(s) you are most interested in: _____
- ☐ Day of Session (e.g., Monday, Tuesday, etc.)
If selected, please specify preferred day(s) for the training session: _____
- ☐ Length of Session, (e.g., Half Day, Full-Day)
If selected, please specify your preference: _____
- ☐ Driving Distance
- ☐ Other (please specify) _____
- ☐ Not Interested in Training

(39) To help us better evaluate potential locations for regional training sessions, please tell us where you are located by listing the county you are in and/or a major city that would be convenient for you. County: _____ Major City: _____

SECTION EIGHT: Open-Ended Feedback.

(40) Is there anything else you can tell us that would help us better understand what ETF can do to assist you in your role as agent for the program(s) you participate in?

Thank you for your valuable input. The survey results will be communicated in an upcoming employer bulletin and used to further develop employer education. Please use the enclosed envelope to mail us your completed survey. Should you lose the envelope, please mail the survey to the address listed below. You may also fax us your completed survey. If faxing, please be sure to fax all four pages.

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Please return your completed survey by June 15, 2005